



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2022
 OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

(Name)

NAIC Group Code 00572 , 00572 NAIC Company Code 11557 Employer's ID Number 47-2582248
(Current Period) (Prior Period)

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 12/18/2014 Commenced Business 01/01/2003

Statutory Home Office 4000 Town Center, Suite 1300 , Southfield, MI, US 48075
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Stevens Drive
(Street and Number)
Philadelphia, PA, US 19113 215-937-8000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 4000 Town Center, Suite 1300 , Southfield, MI, US 48075
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Stevens Drive
(Street and Number)
Philadelphia, PA, US 19113 215-937-8000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address MiBlueCrossComplete.com

Statutory Statement Contact Michael Andrew Hendel , 248-663-7329
(Name) (Area Code) (Telephone Number) (Extension)
mhendel@MiBlueCrossComplete.com 248-663-7475
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Michael John Burgoyne</u>	<u>Treasurer</u>	<u>Robert Edward Tootle, Esquire</u>	<u>Secretary</u>
<u>Kathy Combs Warner #</u>	<u>President</u>		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>Eileen Mary Coggins</u>	<u>Rebecca Jane Engelman</u>	<u>Tricia Ann Keith</u>	<u>Lynda Marie Rossi</u>
<u>Cathy Ann Flowers</u>			

State of Pennsylvania

County of Philadelphia **ss**

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Burgoyne
Treasurer

Robert Edward Tootle, Esquire
Secretary

Kathy Combs Warner
President

Subscribed and sworn to before me this _____ day of February, 2023

- a. Is this an original filing? Yes [X] No []
 b. If no:
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables				872,162	.0	1,102,586
2. Claim overpayment receivables	717,021	30,539,309		515,286	717,021	330,570
3. Loans and advances to providers0	
4. Capitation arrangement receivables0	
5. Risk sharing receivables0	
6. Other health care receivables		36,787,344		3,321,912	.0	6,994,955
7. Totals (Lines 1 through 6)	717,021	67,326,653	0	4,709,360	717,021	8,428,111

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	8,292,967	.0.7	79,251	22.7		8,292,967
2. Intermediaries	0	.0.0		0.0		
3. All other providers	2,727,368	.0.2	338,129	96.7		2,727,368
4. Total capitation payments	11,020,335	1.0	417,380	119.4	0	11,020,335
Other Payments:						
5. Fee-for-service	0	.0.0	XXX	XXX		
6. Contractual fee payments	1,106,379,730	98.7	XXX	XXX		1,106,379,730
7. Bonus/withhold arrangements - fee-for-service	0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	4,102,028	.0.4	XXX	XXX		4,102,028
9. Non-contingent salaries	0	.0.0	XXX	XXX		
10. Aggregate cost arrangements	0	.0.0	XXX	XXX		
11. All other payments	0	.0.0	XXX	XXX		
12. Total other payments	1,110,481,758	99.0	XXX	XXX	0	1,110,481,758
13. Total (Line 4 plus Line 12)	1,121,502,093	100 %	XXX	XXX	0	1,121,502,093

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	2,014,354		1,059,326	955,028	955,028	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	2,715,026		1,384,300	1,330,726	1,330,726	
6. Total	4,729,380	0	2,443,626	2,285,754	2,285,754	0



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Blue Cross Complete of Michigan LLC

2.

(LOCATION)

NAIC Group Code 00572

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2022

NAIC Company Code 11557

	1 Total	Comprehensive Hospital & Medical		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	324,160								324,160					
2. First Quarter	329,370								329,370					
3. Second Quarter	338,217								338,217					
4. Third Quarter	343,890								343,890					
5. Current Year	349,588								349,588					
6. Current Year Member Months	4,057,544								4,057,544					
Total Member Ambulatory Encounters for Year:														
7. Physician	1,873,213								1,873,213					
8. Non-Physician	863,174								863,174					
9. Total	2,736,387	0	0	0	0	0	0	0	2,736,387	0	0	0	0	0
10. Hospital Patient Days Incurred	160,451								160,451					
11. Number of Inpatient Admissions	26,064								26,064					
12. Health Premiums Written (b).....	1,380,609,478								1,380,609,478					
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	1,380,609,478								1,380,609,478					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	1,121,502,093								1,121,502,093					
18. Amount Incurred for Provision of Health Care Services	1,151,774,937								1,151,774,937					

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Blue Cross Complete of Michigan LLC

2.

(LOCATION)

NAIC Group Code	00572	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2022										NAIC Company Code		11557
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1. Prior Year	324,160	0	0	0	0	0	0	0	324,160	0	0	0	0	0		
2. First Quarter	329,370	0	0	0	0	0	0	0	329,370	0	0	0	0	0		
3. Second Quarter	338,217	0	0	0	0	0	0	0	338,217	0	0	0	0	0		
4. Third Quarter	343,890	0	0	0	0	0	0	0	343,890	0	0	0	0	0		
5. Current Year	349,588	0	0	0	0	0	0	0	349,588	0	0	0	0	0		
6. Current Year Member Months	4,057,544	0	0	0	0	0	0	0	4,057,544	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	1,873,213	0	0	0	0	0	0	0	1,873,213	0	0	0	0	0		
8. Non-Physician	863,174	0	0	0	0	0	0	0	863,174	0	0	0	0	0		
9. Total	2,736,387	0	0	0	0	0	0	0	2,736,387	0	0	0	0	0		
10. Hospital Patient Days Incurred	160,451	0	0	0	0	0	0	0	160,451	0	0	0	0	0		
11. Number of Inpatient Admissions	26,064	0	0	0	0	0	0	0	26,064	0	0	0	0	0		
12. Health Premiums Written (b)	1,380,609,478	0	0	0	0	0	0	0	1,380,609,478	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	1,380,609,478	0	0	0	0	0	0	0	1,380,609,478	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	1,121,502,093	0	0	0	0	0	0	0	1,121,502,093	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	1,151,774,937	0	0	0	0	0	0	0	1,151,774,937	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	(8)
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	553
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	389,272,443		389,272,443
2. Accident and health premiums due and unpaid (Line 15).....	117,635,801		117,635,801
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	5,133,949		5,133,949
6. Total assets (Line 28)	512,042,193	0	512,042,193
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	176,760,575	0	176,760,575
8. Accrued medical incentive pool and bonus payments (Line 2).....	3,462,264		3,462,264
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	154,280,048		154,280,048
15. Total liabilities (Line 24).....	334,502,887	0	334,502,887
16. Total capital and surplus (Line 33).....	177,539,306	XXX	177,539,306
17. Total liabilities, capital and surplus (Line 34)	512,042,193	0	512,042,193
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	RE	State of Michigan	Legal				
00572	BC/BS of Michigan Mutual Insurance Co	00000					Behavioral Health Holding Company, LLC	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000					Strategic Services Holding Company, LLC	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000					Pharmacy-Related Holding Company, LLC	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000					Provider-Related Holding Company, LLC	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000					Shell Holding Company I, LLC	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000					Shell Holding Company II, LLC	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	38-4093181				Emergent Holdings, Inc	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	27-0521030				Accident Fund Holdings, Inc	MI	NIA	Emergent Holdings, Inc	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	
00572	BC/BS of Michigan Mutual Insurance Co	00000	AA-0000000				AF Global Capital, Ltd	GBR	NIA	Accident Fund Holdings, Inc	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	10166	38-3207001				Accident Fund Insurance Company of America	MI	IA	Accident Fund Holdings, Inc	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co	00000	83-4598059				Miracle Nova I (US) LLC	DE	NIA	Accident Fund Insurance Company of America	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	47-4391033				Miracle Nova II (US) LLC	DE	NIA	Miracle Nova I (US) LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	38-2626206				AmeriTrust Group, Inc	MI	NIA	Miracle Nova II (US) LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	26-3468547				ProCentury Corporation	MI	NIA	AmeriTrust Group, Inc	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	38-1798156				Meadowbrook Inc	MI	NIA	AmeriTrust Group, Inc	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	04-3279903				Preferred Insurance Agency, Inc	MA	NIA	Meadowbrook, Inc	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	65-0150469				Florida Preferred Administrators, Inc	FL	NIA	Meadowbrook, Inc	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	04-3296168				TPA Insurance Agency, Inc	MA	NIA	Meadowbrook, Inc	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	38-2573624				Meadowbrook Intermediaries, Inc	NY	NIA	Meadowbrook, Inc	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	71-1051888				Mackinaw Underwriters, Inc	MI	NIA	Meadowbrook, Inc	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	63-1223412				Meadowbrook Insurance, Inc	AL	NIA	Meadowbrook, Inc	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co.	00000	38-3243249				Mackinaw Administrators, LLC	MI	NIA	Meadowbrook, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	33-0000063				Crest Financial Corporation	NV	NIA	AmeriTrust Group, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	95-3328008				Commerical Carriers Insurance Agency, Inc.	CA	NIA	Crest Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	33-0498603				Liberty Premium Finance, Inc.	CA	NIA	Crest Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	94-2828166				Interline Insurance Services, Inc.	CA	NIA	Crest Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	33-0000979				American Highway Carriers Association	CA	NIA	Crest Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	18023	38-2626205				Star Insurance Company	MI	IA	AmeriTrust Group, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	10665	65-0661585				Ameritrust Insurance Corporation	MI	IA	Star Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	83-3258073				ATG I, LLC	MI	NIA	Star Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	25780	33-0208084				Williamsburg National Insurance Company	MI	IA	Star Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	36951	31-0936702				Century Surety Company	OH	IA	Star Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co.....	21903	94-6078027				ProCentury Insurance Company.....	MI	IA	Century Surety Company.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	26-4728075				Affinity Services, LLC.....	MI	NIA	Accident Fund Holdings, Inc.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	32-0550098				Fundamental Agency, Inc.....	WI	NIA	Accident Fund Holdings, Inc.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	29157	39-0941450				United Wisconsin Insurance Company.....	WI	IA	Accident Fund Insurance Company of America.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	12304	20-3058200				Accident Fund General Insurance Company.....	MI	IA	Accident Fund Insurance Company of America.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	12305	20-3058291				Accident Fund National Insurance Company.....	MI	IA	Accident Fund Insurance Company of America.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	10713	36-4072992				Third Coast Insurance Company.....	WI	IA	Accident Fund Insurance Company of America.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	12177	20-1117107				CompWest Insurance Company.....	CA	IA	Accident Fund Insurance Company of America.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	20-1420821				LifeSecure Holdings Corporation.....	AZ	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	80.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	YES	7
00572	BC/BS of Michigan Mutual Insurance Co.....	77720	75-0956156				LifeSecure Insurance Company.....	MI	IA	LifeSecure Holdings Corporation.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	7
00572	BC/BS of Michigan Mutual Insurance Co.....	95610	38-2359234				Blue Care Network of Michigan.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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00572	BC/BS of Michigan Mutual Insurance Co.	00000	38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	NIA	Blue Care Network of Michigan	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	45-3854611				Michigan Medicaid Holdings Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	
00572	BC/BS of Michigan Mutual Insurance Co.	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	Michigan Medicaid Holdings Company	OWNERSHIP	50.0	BCBSM and Independence Health Group, Inc.	NO	.5
00572	BC/BS of Michigan Mutual Insurance Co.	00000	85-4338099				Care Transformation Holding Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	00000					Honest Medical of Michigan LLC	DE	NIA	Care Transformation Holding Company	OWNERSHIP	19.9	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47-2312291				TRIARQ Health, LLC	MI	NIA	Care Transformation Holding Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	98-1621026				TRIARQ Health, LLP	IND	NIA	TRIARQ Health, LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	14
00572	BC/BS of Michigan Mutual Insurance Co.	00000	35-2620231				TRIARQ Health Alliance of Florida, LLC	FL	NIA	TRIARQ Health, LLC	OWNERSHIP	90.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	15
00572	BC/BS of Michigan Mutual Insurance Co.	00000	61-1870820				TRIARQ Health Alliance of Michigan, LLC	MI	NIA	TRIARQ Health, LLC	OWNERSHIP	68.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	16
00572	BC/BS of Michigan Mutual Insurance Co.	00000	34-2032238				GloStream, Inc.	MI	NIA	Care Transformation Holding Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	83-2485797				One Team Care, LLC	MI	NIA	GloStream, Inc.	OWNERSHIP	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	17

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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00572	BC/BS of Michigan Mutual Insurance Co.....	00000	34-2032238				GloStream Inc. 401(K) Plan & Trust.....	MI	OTH	Care Transformation Holding Company.....	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	15649	47-2221114				Woodward Straits Insurance Company.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	81-3438452				COBX Co.....	MI	NIA	Emergent Holdings, Inc.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	47-5653683				Advantasure, Inc.....	MI	NIA	Emergent Holdings, Inc.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	11-3738370				ikaSystems Corporation.....	DE	NIA	Advantasure, Inc.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	47-4522025				Tessellate Holdings, LLC.....	DE	NIA	Emergent Holdings, Inc.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	45-3742721				Tessellate, LLC.....	DE	NIA	Tessellate Holdings, LLC.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-3513429				Emergient, Inc.....	MI	NIA	Emergent Holdings, Inc.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-4009427				NextBlue, LLC.....	DE	NIA	Emergient, Inc.....	OWNERSHIP	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.9
00572	BC/BS of Michigan Mutual Insurance Co.....	16739	84-3789332				NextBlue of North Dakota Insurance Company.....	ND	IA	NextBlue, LLC.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.9
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-4367791				Vermont Blue Advantage, LLC.....	DE	NIA	Emergient, Inc.....	OWNERSHIP	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.9

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co	16793	84-4331472				Vermont Blue Advantage, Inc	VT	IA	Vermont Blue Advantage, LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	9
00572	BC/BS of Michigan Mutual Insurance Co	00000	86-1598901				Wellmark Advantage Holdings, LLC	DE	NIA	Emergent, Inc	OWNERSHIP	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	9
00572	BC/BS of Michigan Mutual Insurance Co	17001	86-1598618				Wellmark Advantage Health Plan, Inc	IA	IA	Wellmark Advantage Holdings, Inc	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	9
00572	BC/BS of Michigan Mutual Insurance Co	00000					Services Holding Company, LLC	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	58-1767730				NASCO Corporation	DE	NIA	Services Holding Company, LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	
00572	BC/BS of Michigan Mutual Insurance Co	00000	84-4115688				InnovateRX LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	10.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	1
00572	BC/BS of Michigan Mutual Insurance Co	00000	83-1246927				Civica Outpatient Subsidiary, LLC	DE	NIA	InnovateRX LLC	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	20.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000					Financial Services Holding Company, LLC	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	87-4051658				Bricktown Capital, LLC	MI	NIA	Financial Services Holding Company, LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000	84-6869872				Blue Cross Blue Shield of Michigan Bargaining Unit Internal Health Benefit Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	10

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-6871980				Blue Cross Blue Shield of Michigan Non-Bargaining Unit Internal Health Benefit Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	10
00572	BC/BS of Michigan Mutual Insurance Co.	00000	81-6482696				Blue Cross Blue Shield of Michigan Long-Term Disability Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	11
00572	BC/BS of Michigan Mutual Insurance Co.	00000	30-1140600				Blue Cross Blue Shield of Michigan Employees' Retirement Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	12
00572	BC/BS of Michigan Mutual Insurance Co.	00000					Blue Cross Blue Shield of Michigan 401(K) Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000	Independence Health Group, Inc / BCBSM	00000	30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	38.7	BCBSM and Independence Health Group, Inc	NO	
00000	Independence Health Group, Inc / BCBSM	00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO II LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	3
00000	Independence Health Group, Inc / BCBSM	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan	OWNERSHIP	50.0	BCBSM and Independence Health Group, Inc	NO	5
00000	Independence Health Group, Inc / BCBSM	14378	45-4088232				AmeriHealth Caritas Florida, Inc	FL	IA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	47-3923267				AmeriHealth Caritas Iowa, LLC	IA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	45-3790685				AmeriHealth Nebraska, Inc	NE	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	70.0	BCBSM and Independence Health Group, Inc and Good Life Partners, Inc	NO	4

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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00000	Independence Health Group, Inc / BCBSM	00000	26-1809217				Perform RX IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO II LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	3
00000	Independence Health Group, Inc / BCBSM	00000	26-1144363				AMHP Holdings Corp	PA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc	LA	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	95458	57-1032456				Select Health of South Carolina, Inc	SC	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	13630	26-0885397				CBHNP Services, Inc	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	15088	46-1482013				AmeriHealth District of Columbia, Inc	DC	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	15104	46-0906893				AmeriHealth Michigan, Inc	MI	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc	NH	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16980	84-2435374				AmeriHealth Caritas Ohio, Inc	OH	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16451	82-1141687				AmeriHealth Caritas Texas, Inc	TX	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc	NC	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2

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**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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00000	Independence Health Group, Inc / BCBSM	16422	61-1857768				AmeriHealth Caritas New Mexico, Inc	NM	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	61-1847073				AmeriHealth Caritas Delaware, Inc	DE	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	83-3241978				AmeriHealth Caritas Minnesota, Inc	MN	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	86-2442207				AmeriHealth Caritas California, Inc	CA	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc	OK	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	85-3713213				AmeriHealth Caritas Nevada, Inc	NV	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	17293	87-4065041				AmeriHealth Caritas VIP Next, Inc	DE	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	84-2266837				AmeriHealth Caritas West Virginia, Inc	WV	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000					AmeriHealth Caritas Georgia	GA	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	85-4321302				Social Determinants of Life, Inc	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	47-5496220				Wider Circle Inc	DE	NIA	Social Determinants of Life, Inc	OWNERSHIP	27.1	BCBSM and Independence Health Group, Inc	NO	13
00572	BC/BS of Michigan Mutual Insurance Co	00000	36-4247278				BCS Financial Corporation	DE	NIA	BCBSM and Accident Fund Insurance Company of America	OWNERSHIP	13.7	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		80985	36-2149353				4 Ever Life Insurance Company	IL	IA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	6
00000		38245	36-6033921				BCS Insurance Company	OH	IA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	6

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
00000		00000	36-3120811				BCS Insurance Agency, Inc.	IL	NIA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.6
00000		00000	36-4303124				BCS Financial Services Corporation	DE	NIA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.6
00572	BC/BS of Michigan Mutual Insurance Co	00000	20-1420821				LifeSecure Holdings Corporation	AZ	DS	BCS Financial Corporation	OWNERSHIP	20.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	.7
00000		00000	AA-0000000				4 Ever Life International Limited	BMU	NIA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.6
00000		00000	32-0485937				BCS Re Inc	VT	NIA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.6
00000		00000	37-1732732				Ancilyze Technologies LLC	DE	NIA	BCS Financial Corporation	OWNERSHIP	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.8
00000		00000	46-4945044				Ancilyze Insurance Agency LLC	IL	NIA	Ancilyze Technologies LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.8

41.10

Asterisk	Explanation
00000	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54291	38-2069753	Blue Cross Blue Shield of Michigan Mu.....	37,200,000	(10,000,000)			(119,632,960)	(37,502,009)		32,829,726	(97,105,243)	46,143,244
95610	38-2359234	Blue Care Network of Michigan.....		(8,250,000)			(395,278,253)	(34,031,128)			(437,559,381)	
00000	38-2338506	Blue Cross Blue Shield of Michigan Fo.....					(1,446,547)				(1,446,547)	
00000	38-4093181	Emergent Holdings, Inc.....	197,575,317	(399,369,563)			94,720,980			47,134,194	(59,939,072)	
00000	27-0521030	Accident Fund Holdings, Inc.....	13,000,000				(39,399,847)				(26,399,847)	
10166	38-3207001	Accident Fund Insurance Company of Am.....	(58,000,000)	14,250,000			(12,494,904)		*		(56,244,904)	2,329,744,256
12304	20-3058200	Accident Fund General Insurance Company.....					50,918,045		*		50,918,045	(713,865,404)
12305	20-3058291	Accident Fund National Insurance Company.....					(5,002,199)		*		(5,002,199)	(366,569,477)
10713	36-4072992	Third Coast Insurance Company.....					(10,615,822)		*		(10,615,822)	(330,310,118)
29157	39-0941450	United Wisconsin Insurance Company.....					(1,419,075)		*		(1,419,075)	(546,998,274)
12177	20-1117107	CompWest Insurance Company.....					(25,012,920)		*		(25,012,920)	(372,000,983)
00000		AF Global Capital, Ltd.....					(28,146,836)				(28,146,836)	
00000	26-4728075	Affinity Services, LLC.....					(1,047,850)				(1,047,850)	
00000	32-0550098	Fundamental Agency, Inc.....					(30,732,137)				(30,732,137)	
00000	84-3513429	Emergent, Inc.....		5,039,310			2,144,807			(5,288,758)	1,895,359	
00000	84-4367791	Vermont Blue Advantage, LLC.....		10,200							10,200	
16793	84-4331472	Vermont Blue Advantage, Inc.....		12,011,520			(10,172,979)				1,838,541	
00000	86-1598901	Wellmark Advantage Holdings, LLC.....		0							0	
17001	86-1598618	Wellmark Advantage Health Plan, Inc.....		10,194,390			(6,397,088)				3,797,302	
00000	84-4009427	NextBlue, LLC.....		10,200							10,200	
16739	84-3789332	NextBlue of North Dakota Insurance Co.....		9,709,380			(4,227,988)				5,481,392	
00000	47-5653683	Advantasure, Inc.....		320,968,492			84,707,688			(217,560,925)	188,115,255	
00000	11-3738370	ikaSystems Corporation.....		41,426,071			(9,479,304)			(30,002,075)	1,944,692	
00000	47-4522025	Tessellate Holdings, LLC.....									0	
00000	45-3742721	Tessellate, LLC.....	(152,575,317)				140,663,853			102,713,417	90,801,953	
11557	47-2582248	Blue Cross Complete of Michigan LLC.....					(214,757,189)				(214,757,189)	
77720	75-0956156	LifeSecure Insurance Company.....		(5,000,000)			(4,846,594)				(9,846,594)	
00000	58-1767730	NASCO LLC.....					86,739,952				86,739,952	
00000	47-2221114	Woodward Straits Insurance Company.....	(37,200,000)	(1,000,000)			29,020,964	71,533,137			62,354,101	(46,143,244)
00000	84-4115688	InnovateRx, LLC.....								1,710,026	1,710,026	
00000	45-5415725	AmeriHealth Caritas Services LLC.....					109,447,175				109,447,175	
00000	27-0863878	PerformRx, LLC.....					11,316,711				11,316,711	
00000	61-1729412	PerformSpecialty, LLC.....					92,416,310				92,416,310	
00000	47-5496220	Wider Circle, Inc.....					1,173,578				1,173,578	
00000	34-2032238	GloStream, Inc.....		(14,970,537)			4,449,387				(10,521,150)	
00000	83-2485797	One Team Care, LLC.....		14,970,537			(6,781,106)				8,189,431	
00000	47-2312291	TRIARQ Health, LLC.....		(1,151,202)			6,171,278			7,564,312	12,584,388	
00000	98-1621026	TRIARQ Health, LLP.....		1,151,202			(4,982,333)				(3,831,131)	
00000	87-4051658	Bricktown Capital, LLC.....		10,000,000			7,100,426				17,100,426	
00000	84-6869872	BCBSM BU Internal Health Benefit Trust.....					852,793				852,793	
00000	84-6871980	BCBSM Non-BU Internal Health Benefit Tr.....					4,826,358				4,826,358	
00000	38-2006975	BCBSM 401(K) Master Trust.....					133,821,476				133,821,476	
00000	81-3438452	COBX Co.....					71,382,150			60,900,083	132,282,233	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

'01 'Footnote 'Accident Fund General Insurance Company; Accident Fund National Insurance Company; Third Coast Insurance Company; United Wisconsin Insurance Company; and CompWest Insurance Company participate in a 100% pooling arrangement with Accident Fund Insurance Company of America

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY’S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Columns 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
Blue Cross Blue Shield of Michigan Mutual Insurance Company.....		%	NO	State of Michigan.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	100.000 %	NO
Blue Care Network of Michigan.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	100.000 %	NO
LifeSecure Insurance Company.....	LifeSecure Holdings Corporation.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	LifeSecure Holdings Corporation.....	80.000 %	NO
		%		BCS Financial Corporation.....	LifeSecure Insurance Company.....	20.000 %	NO
Woodward Straits Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Woodward Straits Insurance Company.....	100.000 %	NO
Accident Fund Insurance Company of America.....	Accident Fund Holdings Inc.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Holdings, Inc.....	100.000 %	NO
Accident Fund General Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
Accident Fund National Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
United Wisconsin Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
Third Coast Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
CompWest Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
Star Insurance Company.....	Ameritrust Group Inc.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
Ameritrust Insurance Corporation.....	Star Insurance Company.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
Williamsburg National Insurance Company.....	Star Insurance Company.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
Century Surety Company.....	Star Insurance Company.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
ProCentury Insurance Company.....	Century Surety Company.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
NextBlue of North Dakota Insurance Company.....	NextBlue LLC.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Emergent, Inc.....	51.000 %	NO
		%		Healthy Dakota Mutual Holdings.....	Blue Cross Blue Shield of North Dakota.....	49.000 %	NO
Vermont Blue Advantage, Inc.....	Vermont Blue Advantage LLC.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Emergent, Inc.....	51.000 %	NO
		%		Blue Cross Blue Shield of Vermont.....	Blue Cross Blue Shield of Vermont.....	49.000 %	NO
Wellmark Advantage Health Plan, Inc.....	Wellmark Advantage Holdings, LLC.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Emergent, Inc.....	51.000 %	NO
		%		Wellmark, Inc.....	Wellmark, Inc.....	49.000 %	NO
Blue Cross Complete of Michigan LLC.....	Michigan Medicaid Holdings Company.....	50.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	50.000 %	NO
	AmeriHealth Caritas Health Plan.....	50.000 %	NO	IBC MH LLC.....	Independence Health Group Inc.....	50.000 %	NO
AmeriHealth Michigan, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas Texas, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY’S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Columns 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
Select Health of South Carolina Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas Florida, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas New Hampshire, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas Louisiana, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas District of Columbia, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas North Carolina, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas New Mexico, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas Ohio, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
CBHNP Services, Inc.....	Community Behavioral Healthcare Network of Pennsylvania, Inc.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas Georgia Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas Minnesota Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas West Virginia Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas California Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas Oklahoma Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas Nevada Inc.....	AMHP Holdings Corp.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
		%		IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO

43.1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

- | | |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|--------------|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |NO..... |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |NO..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? |NO..... |

APRIL FILING

- | | |
|--|--------------|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? |NO..... |

AUGUST FILING

- | | |
|--|--------------|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |NO..... |
|--|--------------|

Explanation:

- 10. Business not written
- 11. Business not written
- 12. Business not written
- 13. Business not written
- 14. Business not written
- 15. Business not written
- 16. Business not written
- 17. Business not written
- 18. Business not written
- 19. Business not written
- 20. Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written

22. Business not written

23. Business not written

24. Business not written

Bar code:

10. 
1 1 5 5 7 2 0 2 2 3 6 0 5 9 0 0 0

11. 
1 1 5 5 7 2 0 2 2 2 0 5 5 9 0 0 0

12. 
1 1 5 5 7 2 0 2 2 4 2 0 0 0 0 0 0

13. 
1 1 5 5 7 2 0 2 2 3 7 1 0 0 0 0 0

14. 
1 1 5 5 7 2 0 2 2 3 7 0 0 0 0 0 0

15. 
1 1 5 5 7 2 0 2 2 3 6 5 0 0 0 0 0

16. 
1 1 5 5 7 2 0 2 2 2 2 4 0 0 0 0 0

17. 
1 1 5 5 7 2 0 2 2 2 2 5 0 0 0 0 0

18. 
1 1 5 5 7 2 0 2 2 2 2 6 0 0 0 0 0

19. 
1 1 5 5 7 2 0 2 2 3 0 6 0 0 0 0 0

20. 
1 1 5 5 7 2 0 2 2 2 1 1 0 0 0 0 0

21. 
1 1 5 5 7 2 0 2 2 2 1 6 5 9 0 0 0

22. 
1 1 5 5 7 2 0 2 2 2 1 7 0 0 0 0 0

23. 
1 1 5 5 7 2 0 2 2 2 9 0 5 9 0 0 0

24. 
1 1 5 5 7 2 0 2 2 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 – 2)	4 Net Admitted Assets
2504. Deposits.....	51,518	51,518	0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	51,518	51,518	0	0

M004 Additional Aggregate Lines for Page 04 Line 14.

*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
1404. PCMH Passthrough Expense.....		3,004,423	3,515,136
1405. Short Procedure Unit.....		(52)	0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	3,004,371	3,515,136

M014 Additional Aggregate Lines for Page 14 Line 25.

*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Donations.....	138,968	0	138,909		277,877
2505. Purchased Services.....	25,127	0	44,168		69,295
2506. Interest Expense.....	0	0	0		0
2507. Penalties.....	0	0	16,710		16,710
2508. Passthroughs.....	0	0	(6,512,035)		(6,512,035)
2597. Summary of remaining write-ins for Line 25 from Page 14	164,095	0	(6,312,248)	0	(6,148,153)

M016 Additional Aggregate Lines for Page 16 Line 25.

*EXNONADMIT - Exhibit of Nonadmitted Assets

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
2504. Deposits.....	51,518	51,518	0
2597. Summary of remaining write-ins for Line 25 from Page 16	51,518	51,518	0

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 7 Line 13.
 *ANAOPS - Analysis of Operations by Lines of Business

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1304. Short Procedure Unit.....	(52)							(52)		XXX
1397. Summary of remaining write-ins for Line 13 from page 7	(52)	0	0	0	0	0	0	(52)	0	XXX